

HS-18.16, "Pharmaceuticals," August 1, 2006

## SCDC POLICY/PROCEDURE

Change 1 to HS-18.16:5.6.1

NUMBER: HS-18.16

TITLE: PHARMACEUTICALS

ISSUE DATE: October 1, 2006

RESPONSIBLE AUTHORITY: DIRECTOR FOR MEDICAL AND HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: HS-18.16 (July 1, 2002); Change 1 (April 15, 2004)

RELEVANT SCDC FORMS/SUPPLIES: M-10, M-11, M-30, M-34, M-35, M-36, M-63, M-67, M-77, M-99, M-105

ACA/CAC STANDARDS: 3-ACRS-4E-20, 3-4341, 3-4342 and 3-4361

STATE/FEDERAL STATUTES:

SCDC MEDICAL DIRECTIVES: 100.A-14, 100.A-23, 100.B-1, 300.A-14b, 300.A-16, 300.A-21, 500-1, 500-3, 500-5, 500-6

PURPOSE: To provide guidelines for administering, dispensing, and controlling pharmaceuticals.

POLICY STATEMENT: To promote safety and security, all pharmaceuticals will be strictly controlled, stored, transported, dispensed/administered, and accounted for so as to preclude any unauthorized access to the same. Inmates will not be involved in any pharmaceutical operation and will be prohibited from handing pharmaceuticals other than those issued to them. The Agency will ensure that each SCDC pharmacy possesses appropriate permits/registrations and that all pharmaceutical operations are in compliance with all applicable SCDC policies/procedures, American Correctional Association Standards, and state and federal statutes. (3-ACRS-4E-20, 3-4341, 3-4342)

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### SPECIFIC PROCEDURES:

#### 1. PHARMACY LICENSURE:

1.1 Each SCDC/contract pharmacy/pharmacy outlet must have a Pharmacy Permit or Non-Dispensing Drug Outlet Permit from the South Carolina Board of Pharmacy. The permit will be displayed in a prominent place. A copy of the permit will be sent to the Health Services Director.

1.2 Each SCDC/contract pharmacy/pharmacy outlet must have State Drug Enforcement Administration (DEA) Registration from the Department of Health and Environmental Control (DHEC) Bureau of Drug Control.

1.3 Each SCDC/contract pharmacy/pharmacy outlet must have Federal DEA Registration from the United States Department of Justices DEA Administration.

1.4 SCDC pharmacists will be licensed in accordance with SCDC policy/procedure HS-18.09, "Institutional Health Care Authority Responsibilities."

#### 2. FORMULARY:

2.1 All pharmaceuticals available for use in the treatment of inmate patients by professionals of the SCDC or contracted Health Services will be listed in a Formulary, which will be kept current and distributed to every SCDC medical clinic as well as community professionals who routinely see inmate patients. (3-4341)

2.2 A Formulary Committee will consider and approve/disapprove all proposed changes/additions to the Formulary. The Committee will meet quarterly and as necessary at the call of the chairman and will consist of:

- the Medical Director, who is the Chairman of the Committee;

- the Director of Mental Health Services
- the Director of Pharmacy Services/designee, and;
- physicians, dentists, and other staff members designated by the Chairman.

(NOTE: Requests for changes to the formulary will be submitted to the Committee Chairman using Appendix 1, "Request for Formulary Changes.")

2.3 Prescriptions for non-formulary drugs must be accompanied by a "Non-Formulary Drug Request," (internal form available from Health Services) signed by the physician, dentist, or nurse practitioner and approved by the Medical Director. Otherwise, the prescription will be returned to the ordering physician for change to a Formulary item or for re-submission with the form.

### 3. PURCHASING OF PHARMACEUTICALS:

3.1 Except for emergency purchases from designated drug stores as described below, all purchases of pharmaceuticals will be initiated by the pharmacist in charge at the SCDC pharmacy. A record of all purchases will be maintained by the pharmacist. The Director of Pharmacy Services will monitor all purchases.

3.2 Emergency pharmaceutical purchases may be made from designated commercial drug stores and certain hospitals where time or availability preclude obtaining them from the SCDC pharmacy. (Refer to SCDC Medical Directive 500-5, "Obtaining Prescriptions from Community Pharmacies," for more information.)

4. SECURITY OF PHARMACEUTICALS: Security of pharmaceuticals will remain a foremost consideration. Inmates will not be involved in any pharmaceutical operation and will be prohibited under any circumstances from handling pharmaceuticals other than those issued to them. All handling of pharmaceuticals will be accomplished so as to preclude unauthorized access. All pharmaceuticals will be secured, as noted below:

4.1.1 Access will be limited to specifically designated personnel;

4.1.2 Controlled substances will be double locked;

4.1.3 Pharmacies and pharmacy storerooms will remain locked at all times, even when occupied; and

4.1.4 Except for the keys assigned to the Warden, only pharmacists will have keys to the pharmacies or pharmacy storerooms. (3-ACRS-4E-20, 3-4341, 3-4342)

4.2 Restrictions on stored pharmaceuticals include:

4.2.1 Pharmacies: none;

4.2.2 Pharmacy outlets: only those drugs as approved by the Pharmacy Board as follows:

- filled prescriptions: pre-packaged, pre-labeled;
- standing order drugs, starter packs; and
- specially approved emergency drugs for direct administration.

4.3 Transportation: Pharmaceuticals will be transported in bulk from pharmacies to institutions in locked containers by designated SCDC employees (never inmates). The container will be locked by the dispensing pharmacist and unlocked by the receiving Health Services staff member, who will verify correctness of the contents. Transporting employees will not possess container keys. Some bulk items and prescriptions may be transported in a sealed package as determined by the pharmacist. All items transported from the pharmacies will be signed out in log books maintained for this purpose. (NOTE: Logbooks will be maintained for two [2] years.) Sign out information will include:

- location destination;
- person transporting; and
- date and time leaving the pharmacy.

Prescription medication (except Keep-on-Person [KOP] medications) for inmates being transferred from one institution to another will be hand carried by SCDC transportation staff and delivered to the appropriate employee at the receiving institution. (Refer to SCDC Medical Directive 500-6, "Transfer of Inmates Medications," for more information.)

4.4 Receipt and Storage in Medical Clinics/Infirmary Areas: Storage locations for pharmaceuticals will be secure and provide protection from excess heat and cold. The only locations within the SCDC where pharmaceuticals of any type may be stored or retained, and a description of the pharmaceuticals that are authorized at each location, are as follow:

4.4.1 Nursing stations at infirmaries:

- filled prescriptions from pharmacy for patients;
- pharmaceuticals called for by Standing Medical Order and starter packs to use for after-hours coverage of other clinics;
- approved over the counter pharmaceuticals;
- infirmary drugs from approved infirmary drug list; and
- stock medications.

4.4.2 Outpatient Clinics:

- filled prescriptions from pharmacy for patients;
- pharmaceuticals called for by Standing Medical Order and starter packs;
- designated over the counter pharmaceuticals;
- doctor's box/dentist box drugs from the approved drug supply list; and
- stock medications.

4.4.3 One (1) secure location designated by the Warden of each institution not having an outpatient clinic:

- filled prescriptions from pharmacy for patients; and
- designated over the counter items.

(NOTE: First aid kits will be maintained in accordance with SCDC Medical Directive 300.A-14b, "First Aid Kits and Over the Counter Medications.")

4.5 Pharmaceuticals that are outdated, have been discontinued, or are no longer required for the inmate(s) intended will be returned to the nearest SCDC pharmacy for disposition in accordance with applicable laws and regulations. (3-ACRS-4E-20,3-4341)

5. PRESCRIPTION OF MEDICATION: Pharmaceuticals will be provided for the treatment of inmates only, except as provided by Medical Directive 100.B-1, "Use of Health Services Resources for SCDC Employees/Volunteers," and Medical Directive 100.A-23, "Emergency Medical Assistance for Visitors." SCDC physicians, dentists, physician's assistants, and nurse practitioners will write prescriptions using the following guidelines:

5.1 Prescriptions must be legible and complete or must be properly transmitted to the pharmacy via the Automated Medical Record system; pharmacists will not fill prescriptions containing unclear or incomplete information, but will refer them to the prescribing practitioner for clarification/correction as required.

5.2 Prescriptions must be dated, have the number/amount of medication, and contain an expiration or "stop order" date or specific duration (no longer than one (1) year).

5.2.1 If the prescription is for dose by dose administration from a stock pack, the physician may write the prescription for up to twelve months.

5.2.2 If the prescription is for KOP supply, the physician must write the prescription for the KOP amount and may include authorization for up to eleven months worth of refills. (KOP amount will be one [1] month or less.)

5.2.3 If the institutional physician, in cooperation with the HCA, has assessed the inmate and found him/her incapable of managing large supplies of medication, the physician must order the medication in reduced quantities to meet the inmate's needs. This reduced quantity must be indicated on the prescription so that the pharmacist may package it accordingly, i.e., daily or weekly packs, etc.

5.3 Physicians will re-evaluate the need for continuation of medication prior to renewal.

5.4 Telephone orders for prescription medication will be written in the sick call notes/AMR, and the physician will co-sign the order upon his/her return to the clinic.

5.5 Controlled Substances:

5.5.1 The prescription must have the physician's DEA registration number and be a paper prescription.

5.5.2 Schedule II Drug Prescriptions: Schedule II drugs will be limited to a seven (7) day supply (except in infirmaries or with previous approval). The physician must write and sign the prescription (i.e., the nurse may not fill in the prescription for the physician's signature). Telephone orders for schedule II drugs must be called to the pharmacy by the medical doctor and will be filled by the pharmacy only in extreme emergencies, and the written prescription must be immediately forwarded to the pharmacy.

5.6 Psychotropic Medication: Psychotropic medication will be prescribed only when clinically indicated as one (1) facet of a program of therapy. (See Medical Directive 500-3, "Ordering/Renewal of Psychotropic Medication," for details.)

5.6.1 All psychotropic drugs will be prescribed only by a physician or nurse practitioner following a physical examination of the inmate, and for no more than 90/180 days. (Amended by Change 1, dated June 21, 2010)

5.6.2 Renewal of psychotropic drugs by a physician or nurse practitioner will be only after evaluation of the inmate.

5.6.3 Psychotropic medication will be administered by qualified health personnel only.

5.6.4 Inmates on psychotropic medication will be housed at institutions where appropriate medical and/or mental health staff can appropriately monitor these medications. If an inmate wants to be taken off of his psychotropic medication, he must be reviewed by the treatment team after ninety days to determine if he is able to function and remain stable. A transfer to an institution with medical coverage commensurate with medical needs may be made at that time. (3-ACRS-4E-20, 3-4341, 3-4342)

5.7 Special Considerations: If the inmate requires dose-by-dose medication administration, the Health Summary for Classification must be reviewed and updated by the institutional physician (if necessary) so the inmate may be transferred to an institution with coverage to meet that requirement. If an inmate loses his/her medication pack, the HCA or designee will consult with the physician in making the decision whether or not to reorder the medication.

6. DISPENSING OF PHARMACEUTICALS: Prescriptions, standing order medications, doctor's box/dentists box medication, and stock medication will be dispensed by licensed pharmacists from SCDC/contract pharmacies to authorized SCDC employees (never inmates) for delivery/administration directly to inmates. The following will apply:

6.1 The pharmacist must receive a legible SCDC Supply M-11, "Medical Prescription," or other legal prescription; SCDC Supply M-34, "Physician's Order;" or SCDC Supply M-35, "Medical/Laboratory Supply Order," electronic order via the Automated Medical Record system; or a telephone order before the prescription/order can be filled.

6.2 All written orders must be signed by SCDC physician, dentist, physicians assistant, or nurse practitioner.

6.3 Pharmacists will ensure that Pharmacy Drug Orders are not in conflict with the limitations outlined in this policy/procedure and that prescription medications are formulary or approved as an exception by the Director of Medical Services or designee.

6.4 Pharmacists will ensure that dispensed prescriptions are correctly labeled to include:

- date filled;
- the inmate's name, SCDC number, and institutional assignment;
- drug name, strength, manufacturer, and if generic drug is used;
- prescription name
- directions for use; and
- other information needed to ensure correct use.

6.5 Dose by dose medications may be dispensed in a stock pack from which the nurses may administer the medication. Stock packs may contain up to three-(3) months' supply of medication.

6.6 Chronic KOP medications will be packaged in no more than a one (1) month supply.

6.7 For medications whose potency can be altered due to temperature and moisture extremes, the pharmacist will provide appropriate packaging to prevent medication deterioration, or arrangements must be made for appropriate storage.

6.8 The nurse or health trained employee must deliver the medication to the inmate in the same pack prepared by the pharmacy. The medication may not be re-packaged by non-pharmacy personnel for delivery to inmates. (3-ACRS-4E-20,3-4341)



7. TRANSFER OF INMATES' MEDICATIONS: When an inmate transfers from one (1) institution to another, the sending institution must transfer all the inmate's medication and MARs along with the medical record. At the receiving institutions:

7.1 The medical staff will write the name of the new institution on the current pill packs/containers.

7.2 When a prescription is to be refilled, the inmate's name, prescription number, and type of medication must be sent to the pharmacy on a refill request sheet.(4-4414)

## 8. DELIVERY/ADMINISTRATION OF MEDICATION:

8.1 In lock-up areas, if security concerns warrant, Operations staff may distribute medication to inmates in the presence of the nurse.

8.2 Institutional Medication Guidelines: Medications will be given to inmates either as dose-by-dose administration or in KOP packs. (Refer to SCDC Medical Directive 500-7, "Medication Administration/Delivery," for further details.) The following will apply:

8.2.1 The decision as to which method (KOP or dose-by-dose) will be determined by the Health Services administration, taking into account the security level of the institution as well as the hours of nursing coverage and other medical management issues.

8.2.2 A list of dose-by-dose medications will be issued by the Health Services administration.

8.2.3 For most non-controlled chronic medication, a 30-day supply will be issued to the inmate.

8.2.4 At institutions with less than 24 hour nursing coverage, controlled medications will be dose by dose.(ACRS-4E-20, 3-4341, 3-4342)

8.2.5 Only in Gilliam Psychiatric Hospital Intermediate Care Unit or at Camille Griffin Graham Correctional Institution, will forced medication be administered, and then only on a direct order of a physician and a court order which has been issued by the appropriate court. See HS-18.13, "Health Screening and Exams," for detailed information about involuntary treatment and commitment. See HS-18.19, "Refusal of Medical Care," for information about forced medication for other medical conditions.

8.3 TB Medications: (Refer to SCDC Medical Directive 500-7, "Medication Administration/Delivery," for more details.)

8.3.1 TB medications for treatment of active tuberculosis will always be given as directly observed therapy (DOT).

8.3.2 TB preventive treatment medications will be administered as dose-by-dose DOT.

8.3.3 SCDC will provide TB preventive therapy for an inmate on Work Release. The covering institutional Medical staff will continue to provide and document the inmate's TB medications. (3-ACRS-4-E-20, 3-4341)

8.4 Doctor's Box Medications: Health Services administration will provide a list of pharmaceuticals approved for the doctors box for institutions with outpatient clinics. SCDC Supply M-77, "Control Register," will be used to ensure accountability for these medications.

8.5 Standing Order medications may be administered by a nurse in strict compliance with procedure for the use of Standing Medical Orders. (Refer to SCDC Medical Directive 300.A-16, "Standing Medical Orders," for more information.)

8.5.1 Standing Medical Order drugs will be ordered from the pharmacy using SCDC Supply M-35, "Medical/Laboratory Supply Order." The physician must sign SCDC Supply M-35.

8.5.2 The Standing Order medications will be prepackaged and prelabeled by the pharmacy as required by law, leaving space for the date of issue and the inmates name.

8.5.3 Audits will be conducted as needed by a pharmacist to ensure proper documentation and counts of Standing Order drugs. This will be documented on an audit checklist, "Pharmacy Monthly Audit," developed and maintained by the Director of Pharmacy Services. The completed audit checklists will be maintained in the pharmacy for two (2) years.

8.6 Stock Medications: Institutional pharmacists will be responsible for stocking infirmaries with infirmary approved medication in adequate levels to meet the needs of the infirmary. SCDC Supply M-63, "Pharmaceutical Register," will be prepared for each medication used. SCDC Supply M-67, "Pharmacy Medication Review," and audit checklist, "Pharmacy Monthly Audit," developed and maintained by the Director of Pharmacy Services will be used to audit and inventory these medications to ensure proper usage. (Refer to SCDC Medical Directive 500-10, "Stock Medications," for more details.) 9.

#### DOCUMENTATION:

9.1 In medical clinics and infirmaries, medication administration will be documented by medical staff on the AMR, SCDC Supply M-10, "Daily Medication Administration Record," or SCDC Supply M-36, "Inpatient Medication Administration Record," and SCDC Supply M-99, "Tuberculosis Preventive Treatment Record," as outlined in the Agency's Documentation Standards Guidelines. Administration/delivery of standing order medication will be documented on the Sick Call Clinic Notes/AMR.

9.2 KOP and over the counter (i.e., can be obtained without a prescription) medications delivered to inmates by non-Health Services personnel will be documented on SCDC Supply M-105, "Medication Log," which will be kept on file in the institution for three (3) years. "Medication Logs" will include date, name of the medication, and the inmates name, SCDC number, and signature.(3-4341)

9.3 In Pre-Release or Work Release Centers where there is no full-time medical staff, SCDC Supply M-105, "Medication Log," will be reviewed bi-annually by medical staff of the covering institution. The completed "Medication Logs" will be maintained by the medical staff for three (3) years. (3-ACRS-4E-20)

9.4 Inmates being released from the SCDC may be issued a supply of medications. This will be documented on SCDC Supply M-30, "Medical Information for Released Inmates." (See Medical Directive 500-1, "Medications for Inmates Being Released from SCDC," for further details.)

#### 10. PHARMACY INVENTORIES:

10.1 Annually, between close of business April 30 and beginning of business on May 1, each SCDC pharmacy will inventory all controlled drugs. A copy of this inventory will be forwarded to the Director of Pharmacy Services who will notify the Central Office Manager responsible for Pharmacy Services of any discrepancies.

10.2 An inventory is conducted each June of all pharmaceuticals in the pharmacy. A copy of this inventory will be provided to the Central Office manager responsible for pharmacy services and the Chief, Financial Accounting Branch. (3-4341)

#### 11. DEFINITIONS:

Active TB Disease refers to a clinically active disease caused by organisms of the *Mycobacterium tuberculosis* complex, which are sometimes referred to as the tubercle bacillus.

Administration of Medication refers to an act in which a single dose of a prescribed drug or biological (e.g., vaccine) is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's/dentist's orders, giving the individual dose to the proper patient, and promptly recording the time and dose given. This will only be done by licensed medical staff (MD, DDS, DMD, PA, NP, RN, or LPN).

Chronic Medications refer to medications ordered on an on-going basis for a chronic disease process.

Controlled Medications refer to drugs identified by the DEA to have a high potential for abuse. They are classified as Schedule II, III, IV, and V.

Delivery/Distribution of Medication refers to the delivery of a drug, other than by administering or dispensing, to a patient. This may be done by licensed medical staff or a medically trained person.

Directly Observed Therapy (DOT) refers to directly observed administration of one (1) dose of medication at a time.

Dispensing of Medication refers to an act entailing the interpretation of an order for a drug or biological and, pursuant to that order, the proper selection, measuring, labeling, packaging, and issuance of the drug or biological for a patient or for a service unit of the facility.

Doctor's Box Medications refer to pre-packaged and pre-labeled medication to be kept at a clinic and given under the direct order of a physician/dentist. A list of medications to be used as the clinic doctor's box medications will be approved by the Director of Medical Services for use in the clinics.

Dose-by-Dose Administration refers to administration of one (1) dose of medication at a time.

Health Trained Employee refers to an institutional staff member other than a physician, physician's assistant, or nurse, who has been trained by the medical staff to deliver medication to inmates. (3-4341,3-4342)

Keep-on-Person (KOP) Medications refer to medications that the inmate is allowed to keep on his/her person for self-administration.

Latent TB Infection refers to a condition in which a relatively small number of living tubercle bacilli (i.e., *M. Tuberculosis*) are present in the body but are not multiplying or causing clinically active disease. Although infected persons usually have positive tuberculin skin-test reactions; they have no symptoms associated with the infection and are not infectious or contagious.

Psychotropic Medications refer to drugs that affect psychological function, behavior, or experience. For the purpose of this policy, this includes antidepressants, neuroleptics/ antipsychotics/anxiolytics, and mood stabilizers.

Pharmacy refers to a place where drugs are prepared and dispensed for proper utilization.

Pharmacy Outlet refers to a secured area where medications are held prior to licensed personnel administering those medications as ordered by medical staff.

Standing Order Medications refer to pre-packaged and pre-labeled medication used to treat patients per SCDC Standing Medical Orders, as authorized by the Director of Medical Services.

Starter Pack Medication refers to pre-packaged and pre-filled medications that are kept in the clinics and given under the direct order of a physician, nurse practitioner, or dentist. These medications will be used to treat acute medical conditions that require medications immediately. Starter packs are limited to a supply of three (3).

Stock Medications refer to a quantity of prescription medications approved by the Director of Medical Services to be kept in infirmary/clinic areas to treat patients by direct order of a physician/dentist. Stock medications must be administered dose by dose.

Temporary Medications refer to medications ordered on a limited basis for an acute medical condition.

—  
s/Jon E. Ozmint, Director

ORIGINAL SIGNED COPY MAINTAINED IN THE DIVISION OF POLICY DEVELOPMENT.

## Appendix 1

### Request for Formulary Change

Action	Name	Dosage Form	Strength
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Add:			
Delete:			
Replace:			
With:			

Reason for Change:


Signature of Requestor:\_\_\_\_\_

Action by Pharmacy Committee:


Signature of Committee Chairman:\_\_\_\_\_

Additional Notes if Needed:
